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Every

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		EBATRORA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. brisiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foremun, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Laborer-Coal minc, etc. Wom-(6) Grocery;

Strtement of Cause of Death—Name, first, the DISEA. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fiver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Jobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart diseasc Nomenclature Always qualify all Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the daya is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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WITH UNFAI	refully supplied.	in plain terms, s	tant. See instruc
LY, WITH UNFAI	carefully supplied.	TH in plain terms, s	portant. See instruc
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PLAINLY, WITH UNFAI	should be carefully supplied.	OF DEATH in plain terms, s	very important. See instruc
TE PLAINLY, WITH UNFAI	n should be carefully supplied.	SE OF DEATH in plain terms, s	is very important. See instruc
VRITE PLAINLY, WITH UNFAI	ation should be carefully supplied.	AUSE OF DEATH in plain terms, s	ON is very important. See instruc
-WRITE PLAINLY, WITH UNFAI	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, s	TION is very important. See instruc
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11253
1. PLACE OF DEATH	2.3
County / Ceul	Registration Dist. No. 200
Village or City Fauce	No. St., Ward
Length of residence in city or town where death occurred 42 yrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birIh?
2. FULL NAME Charles audies	Be area.
A ' .	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wnice the word)	21. DATE OF DEATH horsenby 13 193 3
5a, if marriad, widowad, ordinorcad	(Month) (Day) (Year)
HUSBAND of Stella Arnaed	22. I HEREBY CERTIFY. That I attended deceased from 1929, 1933, to 200, 10 , 1930
6. DATE OF BIRTH (month, day, and year) Dec. 20. 1890	I last saw here dive on 200, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred en tha data stated above, at
42 // /3 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	P
9. Industry or businass in which work was done, as SILK MILL.	Jumpsary Justiculous 1979
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and 1929 spent in this occupation)	
12. BIRTHPLACE (city or town) / Least &	Other Contributory Causes of importance:
(State or country)	
13. NAME Melfu Brown	
14. BIRTHPLACE (city or town) / Leut Ro (State or country)	Name of operation
	What tast confirmed diagnosis? Was thera an autopsy?
H A	23. If daath was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
17. INFORMANT Stella Brown (Addrass)	(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Jaurlee Date NOV 15 ,1935	Nature of Injury
19. UNDERTAKER A Sours the angel	24. Was disease or Injury In any way ralated to occupation of percentage.
(Addrass)	If so, specify
20 FILED NOV 14 19 30 DW Lewill	(Signed) I ranked built M.D.
Registrar.	(Addrass) lebesleslaws.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No.

L:Ward)	(If death a hospital tion, give i stead of	or inst	itu-
	number.)	street .	

20	number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH NWY. 5, 1933
G	(Month) (Day) (Year)
	(Durstion)
	(Signed)
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
-	millington, mel. notes of Burial pate of Burial address
	John a. Nobin & Son Millington M.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Serrant, Cook, Housemuid, etc. If the occupation has been changed ployed us .11 school, or .11 home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is neces-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Salesman, (3) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EAR A CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid: fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Vinanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (hame origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mcre symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

mation should be carefully supplied. -WRITE PLAINLY, WIT V. S. No. 1 Μ̈.

1. PLACE OF DEATH		(3)
County Cuch	0 4	Registration Dist. No. 200
Village or City / Sar	Galura)	No. St., Ward
Length of residence in city or town w		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. New	Jalensa MM (Usual place of abode)	St., Ward.  If nonresident give city or town end State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamalo Hente	5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (with the word)	21. DATE OF DEATH My 9, 193.3 (Month) (Osy) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	Que, 20 1869	I last saw der alive on M. 19, 1933; death is said
7. AGE Years Month		to have occurred on the date stated above, at
69 9	1 day,hrs. orgnin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BODKKEEPER, etc	House Hock	Chronic Interstitial Weblish Indates
SAW MILL, BANK, etc	at Home	and Oranamia Culinlar Hart
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	design
12. BIRTHPLACE (city or town) Kerry	- a and	Other Contributory Causes of importance:
(State or country)	D	
13. NAME	Coas	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Elawar	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Solke	a ervis	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME	100 Oad	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	W + 6, Ma.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CANCELLAR (Address)	H Kult Cale	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Georgeton Med.	Manner of Injury
PHENIMISLIA	motore 101/2, 19:33	
19. UNDERTAKER (Address)	The state of	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NM. 11, 19.3.3	Ley Pous Registrar.	(Signed) John M. I.  (Address) Jalour Was

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Kent.	CERTIFICATE OF DEATH
	Registration Dist. No.
Willow Mussey. (No	,
Village of City (No.	St.: Ward) (If death occurred in a hospital or institu-
Howard & St.	tion, give its NAME in- stead of street and number.)
FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH New
male white OR DIVORCED / Jan.	107. 22, 1933
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Cpus 21, 1933	1923 to 1923
(Month) (Day) (Year)	that I last saw h and alive on the saw al 1987.
7 AGE [If LESS than	
yrs. mos. ds. or min.?	Boards Raman
B OCCUPATION	
(a) Trade, profession or	
particular kind of work	
particular kind of work (b) General nature of industry	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory
(b) General nature of industry business, or establishment in	Contributory Secondary
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Mussey  10 NAME OF	Contributory Secondary  (Duration)  yre
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Massey  Ma	Contributory Secondary  (Duration)  (Signed)  M. D
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Ruymund Shelton  11 BIRTHPLACE	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Address)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Paymend Shelton  11 BIRTHPLACE OF FATHER (State or country)  12 (State or country)  13 Country  14 Country  15 Country  16 Country  17 Country  18 Country  19 Country  10 Name OF FATHER  Paymend Shelton  11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Address)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  11 BIRTHPLACE OF FATHER (State or country)  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  11 BIRTHPLACE OF MOTHER  11 BIRTHPLACE OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  11 BIRTHPLACE OF MOTHER  11 BIRTHPLACE OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18 MOTHER  18 MOTHER  18 MOTHER  19 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  10 MOTHER  11 MOTHER  12 MOTHER  13 MOTHER  14 MOTHER  15 MOTHER  16 MOTHER  17 MOTHER  18	(Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME	Contributory Secondary  (Duration)  (Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE  14 BIRTHPLACE  OF MOTHER  14 BIRTHPLACE  15 BIRTHPLACE  16 MOTHER  17 MAIDEN NAME AND MAIDE	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. mos. ds.  State yrs. mos. ds.
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 MOTHER (State or Country)  15 MAIDEN NAME OF MOTHER (State or Country)  16 MOTHER (State or Country)  17 MAIDEN NAME OF MOTHER (State or Country)  18 MAIDEN NAME OF MOTHER (State or Country)  19 MAIDEN NAME OF MOTHER (State or Country)  10 NAME OF MOTHER (State or Country)  11 MAIDEN NAME OF MOTHER (State or Country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary  (Duration)  (Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths frem Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Paymond Shelton  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds  Where was disease contracted, if not at place of death?  Former or usual residence
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 MAIDEN  15 BIRTHPLACE OF MOTHER (State or Country)  16 MAIDEN  17 MAIDEN  18 BIRTHPLACE OF MOTHER (State or Country)  19 MAIDEN  10 NAME  11 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  16 MAIDEN  17 MAIDEN  18 MAIDEN  19 MAIDEN  19 MAIDEN  10 NAME  11 BIRTHPLACE OF MOTHER (State or Country)  12 MAIDEN  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  M. Raymand  Shelton, (Address)  17 MAIDEN  18 MAIDEN  19 MAIDEN  19 MAIDEN  10 MAIDEN  10 MAIDEN  10 MAIDEN  11 BIRTHPLACE OF MOTHER  (State or Country)  12 MAIDEN  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  M. Raymand  Address)  16 MAIDEN  17 MAIDEN  18 MAIDEN  1	Contributory Secondary  (Signed)
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Duration)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrsmosds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Marsay, Mars

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, work, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) Solesman, without more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Cause of Death—Name, first, the Disease East Causing Death (the prinary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary use of "Tumor" inges, perilonacum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) 'Congenital," "Senile," etc.), "Drcpsy; for malignant neoplasms); Chronic Example: Measles (disease ," "Coma," "Convulsions, volvulor heart disease; affection need not be etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WIT.

V. S. No. 1 B.

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1-0
1. PLACE OF DEATH	920 1125	6
County /Cent	Registration Dist. No. 202	
Village or City Chesterlows		ard
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Langth of rasidenca in city of town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME JOHN W. Wile		
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	12 S
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, On DWORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Cillian Baker	22.   HEREBY CERTIFY, That I attended daceased f	ron
6. DATE OF BIRTH (month, day, and year) 40c.c. 18 1861	Hast saw have alive on //-/8 19.33 death is	said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 9 _ P _ m.	
772 // O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade nititation or particular	were as follows:	set
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Geart Clot	1
Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
year)occupation	Dthar Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	A f f f f	
(Stata or country)	Habrilar disease of heart. 2 yrs	1 -
14. BIRTHPLACE (city of Lown) Kent G.		
7 14. BIRTHPLACE (city of Jown) Kent C.	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was dua to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury, 19	
(State or country)	Where did injury occur?	
17, INFORMANT UM plunter Hold, 3rd (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Chester Congelory Data 1/21, 19.33	Natura of injury	
Charle Charles	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Addiess)	If so, specify	
	(Signad) Las W. Will -	м. С
20. FILED Nov. 21, 1923 W.J. DYNKE	(Addrass) D Kennedy ville	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones Mau 1.1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	C C C	County	neu	<i>A</i>		
	should of OCC	Village or Ci	ty Rock	Arele		ND.
						death occu
	NS NS	Length of resid	lence in city or lown w	here death occurred		
	Every CIANS tement	2. FULL NAM	ME Jara	le Eliza	beth Us	ult
'n.	RD.	(a) Resident	ce: No	Rick	Hall e of abode)	St.,_
	PH tet	PERSON	AL AND STAT	ISTICAL PART	ICULARS	
	T RECO	3. SEX	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DA
BINDING	PERMANENT EXACTLY rly classified. ate.	5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	h f. Usi	eton	22.
Z	ERN EX cly cly te.	6 DATE OF BIRTH	month, day, and year)	november	30,1850	1 last sa
	PH d H rly cat	7. AGE Yea	1		If LESS than	to have
FOR	IS A PE stated E properly certificate	8	2 11	9	1 day,hrs.	The PR were as
RESERVED F	INK—THIS should be t it may be on back of	kind of w SAWYER, Industry or work was SAW MIL		11. Total sp	time (years) sent in this coupation	Other (
ARGIN	So	12. BtRTHPLACE (cit (State or cour	,	Ugroud ?	help	-
RG	NF/ oplie erms instr	☐ 13. NAME				
MA	UNFAI supplied. in terms, See instru		(city or town)	~~~		Namo o
	IIIy pla			at Vi		What te
	AINLY, WIT, UNFAI de be carefully supplied. DEATH in plain terms, y important. See instru	15. MAIDEN NA  16. BIRTHPLACE  (State or	7	wi www	<i>''</i>	23. if de Accider Where
•	E PLAINI should be OF DEA'	t7. INFORMANT(Address)		ilton S	Ju	Specify
	WRITE PLATION Shou AUSE OF	18. BURIAL, CREMAT	7- 4 1	Lig_Date	11/12,1933	Manner Nature
No. 1	WRITTE mation s CAUSE TION is	19. UNDERTAKER(Address)	Chister	Godd m	2	24. Was
V. S. N	i ii	20. FILED MIN	(.//,1923/	Mrs.7.13.	Donadin Registrar.	is (S

1. PLACE OF DEATH

11258

39)	Registration Dist.	211	3
	Kegistration Dist.	ND.	
MDND	ion give its NAME inst	St.,	Ward
ds. How long in U.S. if of			
ilton			
St., Ward.			
	If nonresident give		State
	ERTIFICATE OF	PDEATH	
21. DATE OF DEATH	2 000	9 74 (Day)	3
	(Month)	(Day)	(Year)
oct 8 th	CERTIFY.	a fb	deceased from
	1952, 10 M		
1 last saw h. Co alive on			; death is said
to have occurred on the dato stata			
The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of	importance	Date of onset
			Date of ouser
Avronie My	ocardifi		
curdiac d	comball	oatron	
			-
Other Contributory Causes of impo	-t		-
leus	lity Sia	heter	
		/223436643	
	***	Date of	
Name of operation			
What test confirmed diagnosis?		_ Was there an	auropsy?
23. if death was due to external cau	ises (VIOLENCE) fill In	aiso the followin	g:
Accident, suicide, or homicide?	Date	of injury	, 19
Where did injury occur?		16	\
Specify whether injury occurred in	industry, in HOME,	or In PUBLIC Pt	ACE.
Manner of Injury	destre		
Nature of injury			
	au related to secure the	of deceased?	
24. Was disease or injury In any w	-		
if so, specify	+ C. B.	AIRA	
(Signed) Aller (Address)	2	regard	М.
(Address)	ALCR-H-C	cee	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WIT TION is very important.

FOR BINDING

MARGIN RESERVED

'n

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH /	11209
County Kent	Registration Dist. No.
Village or City near tenne defvelle	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  A. How long in U.S. if of foreign birth?
2. FULL NAME James & Walt	erl-
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male while OR DIVORCED (write the word)	Nov 23 ,193.9 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of Cor) WIFE of Sarah 9. Walker L-	1 HEREBY CERTIFY, That I ettanded deceased from
10-16-5	195 ( to 11 - 25 , 1935
6. DATE OF BIRTH (month, day, and year)   Au   O   Y   7. AGE   Yeers   Months   Days   If LESS than	last saw have alive on least said to have occurred on the date stated above, at least said m. 19.50 m.
76 11) 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8 Trade profession or particular	ware as follows: Date of onset
kind of work done, as SPINNER, Celized Januar	1 0 and 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased lest worked at this occupation (month and	Wadder
SAW MILL, BANK, atc.  10. Date daceased lest worked at this occupation (month end	
this occupation (month end spent in this year)	
Mr. R. d.	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Justinas Walkert -	
14. BIRTHPLACE (city or town).	Name of operation
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Eliza Mench	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Eliza Murch	Accident, suicide, or homicide? Date of injury 19
∑ (Stete or country)	Where did injury occur?
17. INFORMANT Say ale Walbert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sheater Town May Date Nov. 26 -, 1933	Natura of Injury
19. UNDERTAKER STORES THE SHEET -	24. Was disease or injury In any way related to occupation of decaased?
(Addrass) Ophister town ms	If so, specify
20. FILED Nor 24, 1933 & Melsin	(Signad) A GONG (ON) M.D. (Address) Onester lown (M.D.
To the last of the	(Author) 131-141 International Control of the Contr

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- 4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

Ward.	If nonresident giv	ve city or town and	State
MEDICAL CE	ERTIFICATE O	OF DEATH	
ATE OF DEATH	nov (Month)	(Day)	, 193 <u>3</u> (Year)
I HEREBY  OV. 1 alive on 70  occurred on the date stated INCIPAL CAUSE OF DEATI	1933 , to 7/5	19.33 M	deceased from 19.83 ; death is said
	nio 8 , clus liver	Tt	Date of onset
of operationst confirmed diagnosis?			u¹opsy?
ath wes due to external caus at, suicide, or homicide? did Injury occur? whether injury occurred in	Da	te of injury	, 19
r of injury			
disease or injury in eny we pecify	hister!	hmon own,	el Me D.

Registrar.

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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of OCCUPA-

STATE O	r MAR	LAND-	CERTIFICATE (	JF DE	AIH	11261
1. PLACE OF DEATH	it		(8)		12	ms
County				Registration	on Dist. No.	3
Village or City Collenn	hna_	(If	death occurred in a hospital or institut	ion, give its NA	ME instead of street as	Ward number)
Length of residence in city or town where de	at) occurred	yrsmos	ds. How long in U.S. if of	foreign birth?.	yrs	_mosds.
2. FULL NAME	aur	120	ily			
(a) Residence: No.	(Usual place o	of abode)	St., Ward.	If nonresid	lent give city or town	and State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CE	ERTIFICA	TE OF DEATH	
3. SEX F. 4. COLOR OR RACE Cal	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	er.	11	, 193,
5a. If marriad, widowed, or divorced	,			(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of			22. Nov. 1	CERTI	FY. Thet I ettend	ed deceased from
6. DATE OF BIRTH (month, day, end yeer) The	211-19	33	I lest saw h	ber	19	: deeth is seid
7. AGE Years Months	Oays	If LESS then	to have occurred on the date stated	l ebove, et	7 /3 6	
1933 nor	11	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH	H end releted c	auses of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		, viinn.	Couger	utal	lues	Date of energy
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	_				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
SAW MILL, BANK, etc		ma (years) tin this				
12. BIRTHPLACE (city or town) (Stete or country)	een 1	ma-	Other Contributory Causes of impor	tance:		
	TN ats	11	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
E 13. WAME	1111111					
13. NAME EARTHOUT  14. BIRTHPLACE (city or town). Load  (State or country)	ud		Name of operation		Date of	
	an 11	night	What test confirmed diagnosis?			
Ξ	mon	- 1	23. If death was due to external ceus			
O 16. BIRTHPLACE (city or town)  (Stata or country)	md.		Accident, suicide, or homicide? Where did injury occur?	*********	Date of injury	, 19
17. INFORMANT Earnest - (Address) Workey	Hatirs		Specify whether injury occurred in	(Specify city INDUSTRY, in	or town, county and S HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0					
Place Colemans	Oete hov	19,1933	Menner of injury			***********
19. UNOERTAKER 13 R	-000	ows	24. Wes disease or injury in any we	y related to occ		
(Address)	ous	und	if so, specify	1	7.	
20. FILEO /W/ 1933 //	Helo	Registrar.	(Signed) (Address)	stert	own	Med M.O.
		Acgistrar.	" (undiess) "Sec 1. T. T.			

CTATE OF MADVI AND

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS TION is very important. See instructions on back of certificate. AGE should be GAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WIT

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

1. PLACE OF DEATH	4		126%
County Ken	V	Registration Dist. No. 20	2
Village or City	lestertown Mel.	No. St	War
		f death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
Length of residence In city or town where de	ath occurred D. Arsmos	sds. How long in U.S. if of foreign birth?yrsmos	sds
2. FULL NAME / Falle	e While		
(a) Residence: Np.		St., Ward.	
	(Usual place of abode)	If nonresident give city or lown and S	tate
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVOKCED (write the word)	21. DATE OF DEATH Nov 20	
<i>T.</i> C.	Single	(Month) (Day)	193 ? (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. HEREBY CERTIFY, Thet I attended d	
10	20 100		, 19.3.3
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days I If LESS than	I last saw h. A. elive on Nov. 19, 19.33;	deeth is said
pm .	1 day bre	to have occurred on the date steted above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	2/ ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Q.	Collis -	Stage
SAWYER, BODKKEEPER, etc	curant		1933
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc			
1D. Date deceased last worked et	11. Total time (years)	-	
this occupation (month and year)	spent in this		
07	1	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Moun	Lowered vitality	
0.1/	while I		
13. NAME Oukney	Reinless		
14. BIRTHPLACE (city or town)	unce Lenge Co.	Name of operation Date of	
(State of country)	maryland	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Many Cathle 16. BIRTHPLACE (city or town) Ken (State or country)	rene M'urce	23. If death was due to externel ceuses (VIDLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town	t G.	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	neryland.	Where did injury occur?	
17. INFORMANT Many Cotte	ine Price	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	DE.
(Address) Chester	lown, ms.		
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Cleaterly Courley	Dete 1/23,1933	Nature of injury	
19. UNDERTAKER Chas L.	Dadd a	24. Was diseese or Injury In any way related to occupation of deceased?	
(Address)	ma ma	If so, specify	1
20 EUED Nov 23 1033	wit 3d Ha	(Signed) Pr. Inn. Wehmou	1
20. FILED 700 , 19 30	Registrar.	(Address) Chartertory n	10
If more b		2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	-

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		GEVED	
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